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ROYAL BURGH OF STIRLING.

REPORT

OF THE

PUBLIC HEALTH DEPARTMENT

For the Year 1923

BY

W. S. KING, M.B., Ch.B., D.P.H.
Medical Officer of Health.

Scott & Learmonth, 9 King Street, Stirling.

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Public Health Department,
Municipal Buildings,
Stirling, August, 1924.

To The Provost, Magistrates, and Town Councillors
of the Royal Burgh of Stirling.

Ladies and Gentlemen,

I have the honour to submit my Report on the Health Conditions of the Burgh of Stirling for the year 1923.

For the sake of continuity the Report has been prepared on much the same lines as last year, and though, of necessity, it consists largely of statistical records, it is hoped that the information therein may prove of interest.

The most noteworthy feature of the year under survey has been the success attending the opening of a Municipal Bacteriological Laboratory. This is an entirely new " venture," so far as the Public Health activities in the Burgh are concerned. The intelligent use made of the facilities afforded by the local Medical Practitioners has been a source of great gratification.

Two important schemes are at present under consideration by the Local Authority, namely, the provision of a Maternity Home and also of a Tuberculosis Dispensary in the Burgh. Both schemes are referred to in the text, and it is hoped that each will receive careful consideration.

I should like to take this opportunity of thanking the various members of my Staff for the very efficient manner in which they have supported me during the year.

I am,

Ladies and Gentlemen,

Your obedient Servant,

W. S. KING,
Medical Officer of Health.

POPULATION AND VITAL STATISTICS.

The following is a Summary of the principal

STATISTICS FOR 1923.

Population (estimated to middle of 1923),	21,026
Number of Deaths (corrected),	315
Death-rate per 1000 of the population (all causes),	15.00
Deaths of Infants under 1 year,	51
Infantile Death-rate per 1000 Births,	94
Number of Births registered (corrected),	542
Birth-rate per 1000 of the population,	25.8
Number of Deaths from Pulmonary Tuberculosis,	20
Death-rate per 1000 from Pulmonary Tuberculosis,	.95
Death-rate per 1000 from all forms of Tuberculosis,	1.57
Death-rate from principal epidemic Diseases,	0.48

Death-rate.—The number of deaths, 315 (a decrease of 46 compared with last year), gives a death-rate of 15.00 per 1000 of the population, which compares very favourably with the rate for 1922, which was 16.18.

Birth-rate.—The rate, 25.8 per 1000 of the population, corresponds closely to the rate for 1922, which was 25.2. Examination of past records reveals the fact that the birth-rate, after a fall during the War years (a rate of 18.2 was recorded in 1918), has returned to its pre-war level. Whether this high fertility rate is a matter for congratulation is a moot point, when one considers the general trade depression and consequent unemployment, and also the acute shortage of houses suitable for the working classes.

Infantile Mortality Rate.—One of the most noteworthy features of the vital statistics for the year is the low infantile mortality rate of 94 per 1000 births. This compares very favourably with the rate for last year, which was 126.4, and with the mean for the last 20 years, which is approximately 120. The rate for 1923 is the lowest since 1918.

Deaths from Tuberculosis.—Tuberculosis continues to take a heavy toll of human lives. The rates, .95 for Pulmonary Tuberculosis and 1.57 for all forms of Tuberculosis, must be regarded as high ones. So far no specific treatment has been discovered for either form of Tuberculosis. In the case of Pulmonary Tuberculosis an effort must be made to secure cases early, while a clean milk supply from healthy cows is essential to prevent the occurrence of Non-Pulmonary Tuberculosis. General measures, which apply to both forms of the disease, include good housing conditions and nourishing food.

Death-rate from the Principal Epidemic Diseases—Enteric Fever, Measles, Scarlet Fever, Whooping Cough, Diphtheria, and Enteritis.—The rate, .48 for 1923, is exceedingly satisfactory, being the lowest since 1917, and compares very favourably with that of last year, which was 1.70.

Briefly, the fall in the death-rate, the low infantile mortality rate, and zymotic death-rate, indicate that the year under review was a healthy one.

Return showing the Causes of Death (Corrected for Transfers), at the Different Age Periods, during 1923.

CAUSES OF DEATH.	ALL AGES.			AGE.											
	Total.	Males.	Females.	-1	1-	5-	10-	15-	25-	35-	45-	55-	65-	75-	Over 85
Enteric Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	3	2	1	1	2	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	5	1	4	4	1	—	—	—	—	—	—	—	—	—	—
Diphtheria	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—
Influenza	5	2	3	—	—	—	—	—	—	1	1	1	2	—	—
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Epidemic Diseases	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of the Respiratory System	20	9	11	—	—	—	—	8	4	6	2	—	—	—	—
Tuberculous Meningitis	3	1	2	—	2	—	1	—	—	—	—	—	—	—	—
Tuberculosis of Intestines and Peritoneum	4	3	1	—	3	—	—	—	—	—	—	1	—	—	—
Other Tuberculous Diseases	6	5	1	—	1	1	1	—	—	1	1	—	1	—	—
Malignant Tumours	38	18	20	—	—	—	—	—	—	3	10	13	10	2	—
Rheumatic Fever	1	—	1	—	—	—	—	—	—	—	—	1	—	—	—
Meningitis (not Cer. Spin. or Tuberculous)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Apoplexy	19	6	13	—	—	—	—	—	—	—	1	6	5	4	3
Heart Disease	29	12	17	—	—	—	—	2	—	—	3	7	7	8	2
Disease of Arteries	4	3	1	—	—	—	—	—	—	—	—	—	3	1	—
Bronchitis	14	9	5	3	1	—	—	—	—	—	1	3	4	1	1
Pneumonia (all forms)	21	15	6	7	4	—	—	2	1	1	2	1	2	1	—
Other Diseases of Respiratory System	5	3	2	—	—	—	—	—	—	2	—	—	1	2	—
Diarrhœa and Enteritis (under 2 years)	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—
Appendicitis	3	2	1	—	—	—	2	—	1	—	—	—	—	—	—
All Liver Diseases (not Malignant)	4	3	1	—	—	—	—	—	—	1	2	1	—	—	—
Nephritis (Acute and Chronic)	5	2	3	—	—	—	—	—	—	—	1	3	1	—	—
Puerperal Sepsis	2	—	2	—	—	—	—	—	2	—	—	—	—	—	—
Other Diseases and Accidents of Pregnancy and Parturition	2	—	2	—	—	—	—	1	1	—	—	—	—	—	—
Disease of Early Infancy and Malformations	26	15	11	26	—	—	—	—	—	—	—	—	—	—	—
Suicide	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Violent Deaths	17	17	—	2	—	1	—	5	2	3	2	2	—	—	—
Other Defined Diseases	70	33	37	5	4	—	1	4	5	5	6	11	9	14	6
Causes Ill-Defined or Unknown	6	5	1	1	1	—	—	—	—	—	—	2	—	2	—
Totals	315	167	148	51	20	2	5	22	16	23	32	52	45	35	12

CONTROL OF INFECTIOUS DISEASES.

I.

Return of Cases of Infectious Disease Notified during the Year Ending 31st December, 1923.

DISEASE.	At all ages.	Under 1	1 and under 5	5 and under 15	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards	Cases removed to Hospital	Cases not removed to Hospital
Scarlet Fever or Scarlatina	20	—	7	10	2	1	—	—	19	1
Diphtheria and Membranous Croup	8	—	1	3	1	3	—	—	7	1
Erysipelas	25	—	1	1	4	7	9	3	8	17
Puerperal Fever	3	—	—	—	—	3	—	—	2	1
Ophthalmia Neonatorum	7	7	—	—	—	—	—	—	1	6
Chickenpox	12	—	7	5	—	—	—	—	—	12
Acute Primary Pneumonia	23	—	1	4	3	11	2	2	7	16
Acute Influenzal Pneumonia	3	—	—	—	1	—	2	—	—	3
Pulmonary Tuberculosis	22	—	1	3	8	8	2	—	11	11
Non-Pulmonary Tuberculosis	48	2	15	11	10	5	3	2	24	24
Total	171	9	33	37	29	38	18	7	79	92

II.

The following table shows the patients treated in the Combination Fever Hospital during the year:—

	In Hospital on 1st Jan., 1923.	Admitted during 1923.	Discharged during 1923.	Deaths.	Remaining on 31st Dec., 1923.
Scarlet Fever, ...	18	56	62	1	11
Phthisis, ...	2	31	24	4	5
Diphtheria, ...	3	12	15	0	0
Erysipelas, ...	0	10	10	0	0
Ophthalmia Neonatorum, ...	0	1	1	0	0
Measles, ...	0	4	3	0	1
Puerperal Fever, ...	0	2	1	1	0
Scabies, ...	0	3	3	0	0
Broncho-Pneumonia, ...	0	1	1	0	0
Bronchitis, ...	0	2	2	0	0
Tuberculous Glands, ...	0	1	1	0	0
Tuberculous Meningitis, ...	0	1	0	1	0
Membranous Croup, ...	0	2	1	1	0
Encephalitis Lethargica, ...	0	1	0	0	1
Whooping Cough, ...	0	4	3	1	0
Totals, ...	23	131	127	9	18

The cases admitted from outwith Stirling Burgh were distributed as follows:—

	Doune.	Dunblane.	Bridge of Allan.	Callander.	Port of Mentieth.
Scarlet Fever, ...	—	12	9	11	3
Diphtheria, ...	—	1	4	—	—
Erysipelas, ...	—	1	—	—	—

III.

BACTERIOLOGICAL LABORATORY.

It will be recalled that a Municipal Bacteriological Laboratory was established last year, and I am now in a position to report on a full year's working. Appended is a statement showing the number of reports sent out:—

ROUTINE EXAMINATIONS.

Sputum for Tubercle Bacilli, ...	83
Throat Swabs from suspected cases of Diphtheria, ...	87
Blood from suspected cases of Enteric Fever, ...	8
Special Examinations, ...	83
Total, ...	261

From the number of reports issued, I think it will be evident that this new activity in the Public Health work in the Burgh is fully justified. As a matter of fact the money originally expended on equipment has been actually recovered, and this automatically becomes an income earning department. A pleasing feature has been the nature and variety of the material sent in for special examination. It shows that the Laboratory is being used intelligently, namely, to confirm a diagnosis made at the bedside, and so complete the clinical picture of a case not as so often happens as a " shot in the dark," in the hope that the Bacteriologist might make a diagnosis. In many instances, repeated reports were called for as an indication for and control of treatment in special cases.

HOUSING.

In the circular issued by the Scottish Board of Health calling for this Annual Report, the Medical Officer of Health is asked to report on " the influences and conditions injurious or dangerous to the health of the Burgh." One immediately answers " Housing." During the year much time was spent inspecting houses inhabited by the working classes. One could not fail to be impressed by the enormous problem which has to be faced here.

Since last report a start has been made with the erection of new houses in Broad Street. These comprise 16 two-apartment houses in the form of a three-storey tenement. When completed they will no doubt help the housing conditions, but personally I believe that the two-roomed house is a mistake. Imagine for a moment that these 16 houses were occupied by 16 newly married couples. One can assume that the average number of children in each family will be at least five. In other words, within 10 years, there will be 112 human beings occupying an area of ground space equal to .21 or one-fifth of an acre, that is, a slum area once again. To my mind, the problem can only be solved in either of the following ways:—

(1) Provision of ample housing accommodation, putting the minimum at three-roomed houses. Some may say that this is an economic impossibility, as the rent would be too high, but how many of the future occupants of our two-roomed houses will be able to afford the rent asked? Many will be receiving State aid, and any money received in rent will be State money which has been taken from one pocket and put into another. Surely it would be more logical to build three-roomed houses, grant more State aid (or provide employment ensuring a living wage) and recover more. Further a three-roomed house gives the parents a chance to bring up a family decently, with due attention to general health, and more especially to separation of the sexes. At present we must simply look on and do nothing in the matter of sex separation. If ample housing accommodation were provided we could enforce statutory powers.

(2) It is a well-known fact that the class of people we are dealing with have large families, five and six children being quite common. Another solution to the Housing problem would be the prevention of these large families, that is, the much discussed Birth Control. This is a very controversial subject, and I do not propose to go into it here, except to say that it seems logical to have a smaller population of healthy individuals, fit for work in peace or war, than a large number of underfed sickly weaklings who are a burden to the State.

(3) Finally, another attempt at solving this problem would be the erection of hospitals, to which practically all cases of sickness could be admitted. This would be a costly procedure, and bad practise, as we would be treating the symptoms without attempting to deal with the real cause of the disease. At the same time, I would ask the reader to picture a case of illness in a two-roomed house—no rest in a cool, well-ventilated room so often demanded in medical text books as the fundamental of treatment, Suppose one of the future inhabitants of our two-apartment house develops consumption. We have no compulsory powers of removal to hospital, and there is not sufficient accommodation for every known case. In other words, the patient may be lying for weeks or months in a babel of noise infecting others. Apart from infectious diseases, we must bear in mind chronic illnesses for which the hospital accommodation at the moment is hopelessly inadequate.

So we leave the Housing problem to be tackled by some future generation.

REFUSE DISPOSAL.

The question of the disposal of Household Refuse in the Burgh was again before the Council, and was the subject of report. A deputation visited several places, and inspected Refuse Destructors. After discussion, it was decided to continue the method at present in use, namely, tipping on waste land. In the Report submitted by me, the opinion was expressed that these dumps were not the means of spreading infectious diseases such as Diphtheria and Scarlet Fever. At the same time they are unsightly, and form a breeding ground for flies and rats, while papers spread broadcast by the wind may become a nuisance. The opinion expressed regarding the relationship of infectious diseases and refuse dumps is amply supported by the following extract taken from a recent and exhaustive treatise on Diphtheria issued by the Medical Research Council:

> "The Diphtheria bacillus has never been demonstrated in sewer or drain air, or even in sewage, and the popular superstition that Diphtheria may arise from the escape of sewer air into houses would scarcely be worthy of notice here, were it not that it still seems an article of faith with some Local Sanitary Authorities. Doubtless the escape of sewer air into houses is an evil which is rightly to be remedied, but the suggestion that it leads to Diphtheria or to other zymotic diseases is unsupported by scientific evidence."

CHILD WELFARE AND MATERNITY.

The work at the Child Welfare Centre was continued on the same lines as in former years. Thanks to the efforts of the Ladies' Committee, who raised the necessary funds by holding a Jumble Sale, we were able to make a useful extension. This took the form of a verandah, which was built as an annexe to the residents' ward. This new adjunct saves the staff an enormous amount of labour, and we are now in a position to give the infants the benefit of fresh air treatment in all weathers. In suitable weather the tiny residents are out in the open day and night.

There is every indication that the function of the Centre is being more and more understood by the mothers. For comparative purposes a table has been drawn up, showing the attendances during the years 1920 and 1923.

I.—ATTENDANCES AT AFTERNOON CLINICS.

(Tuesday at 2.30 p.m.)

1920.	1923.		1920.	1923.	
52	52	Clinics held	—	—	
		Ante and Post-Natal Consultations	34	46	
82	170	Children under 1 year made	507	979	attendances.
41	127	Children over 1 year made	186	961	do.
123	297	Children made	693	1940	do.

II.—DAY NURSERY.

1920.	1923.		1920.	1923.	
34	53	Children under 1½ years made	1391	2433	attendances.
70	78	Children over 1½ years made	4003	4919	do.
104	131	Children made	5394	7352	

During the year, 130 infants under one year, or 24% of the total births, were brought to the Centre for consultations, the corresponding figures for last year were 105, or 19%. A perusal of the following table will show that Mothers from all parts of the Burgh are taking advantage of the Centre:—

Newhouse and St. Ninians, ...	21
St. John Street and Spittal Street, ...	19
Baker Street, ...	16
Craigs and Springfield Place, ...	13
St. Mary's Wynd, ...	13
Cowane Street, ...	12
Bridge Street and Queen Street, ...	8
Broad Street, Bow Street, and Jail Wynd, ...	7
Castlehill, ...	6
Raploch, ...	5
Mar Place and Married Quarters, ...	5
Orchard Place, Thistle Street, ...	4
Cambusbarron	1
	130

Of these 130 infants, only 3 have died. Ninety, or 69%, were less than 12 weeks old when attending for the first time, which would seem to indicate that the mothers are beginning to realise the necessity of bringing their infants early. Throughout the year, lectures on infant management and general hygiene have been given, and also demonstrations in cookery and needlework. The attendances have been highly satisfactory.

Once again I have to record my thanks to the Ladies' Committee, and many voluntary workers, for their continued interest and enthusiasm.

MATERNAL MORBIDITY AND MORTALITY.

The welfare of the Mother during and after the birth of her child is a matter of vital importance, and one which has not received adequate attention in the past. The Infantile Mortality rate (that is, the number of children who die before reaching the age of one year per 1,000 born alive) has shown a steady decline for a number of years past (there is no doubt that the Child Welfare movement and the consequent spread of knowledge amongst mothers has been largely responsible for this), but the Maternal death-rate due to child-birth is little lower than it was 70 years ago. In fact, the rates for Scotland, 6.4 for 1921 and 6.6 for 1922, constitute the second and third highest Maternal death-rate ever recorded. A Maternal death-rate of 6 per 1000 births means that every year we lose some thousands of women of the highest value to the nation as mothers and potential mothers, especially as an undue proportion of the total deaths follows first pregnancies, and it also means that many thousands of other mothers are injured, in many cases permanently, that they lose health and strength, and no longer possess their normal capacity to bear children. The high Maternal Mortality is associated with a corresponding increase in the number of still-births and of infant deaths in the early weeks after birth. The amount of avoidable sickness and suffering arising out of child-birth is one of the tragedies of modern civilization. In the Annual Report of the Scottish Board of Health for the year 1922, it is stated that "there appears to be good ground for believing that the Puerperal death-rate in Scotland is one of the highest to be found amongst civilized countries." These facts have become so disquieting that the Board of Health have appointed a Departmental Committee to enquire into and report on the Puerperal Morbidity and Mortality in Scotland.

It is our duty to endeavour to make maternity as safe as possible for mother and child. Action towards this end may be taken in various ways, for example, improving the education and training in Midwifery and diseases peculiar to women for Doctors, Midwives, and Nurses; giving extra nourishment to expectant and nursing mothers, and ante-natal supervision and advice. (Advice is given free at Child Welfare Centres in necessitous cases.) The fact that those methods have had no effect on the Maternal death-rate indicates that we have failed to get at the root of the evil, namely, the homes and surroundings in which the majority of mothers must of necessity be confined. Hence we come to the question of setting up Maternity Homes.

The following local statistics may be of interest:—

MATERNAL MORTALITY WITHIN THE BURGH FOR THE YEARS 1918-1923

(Both Inclusive).

(1) Total number of cases in which the cause of death was Puerperal Sepsis or other diseases and accidents of pregnancy or parturition	26
(2) No. of cases attended by Doctors	21
No. of cases attended by Midwives	5
(3) No. of pregnancy—	
First	12
Second	2
Third	4
Fourth	3
Fifth	2
Seventh	3

It will be noted that 12, or practically half of the number of deaths, were associated with first pregnancies.

(4) Home Conditions:—

Seven occurred in single-apartment houses.
Twelve occurred in two-apartment houses.
Three occurred in three-apartment houses.
Four occurred in four-apartment houses.

Nineteen of the deaths occurred in one or two-apartment houses.

During the six years, 1918-1923, there were 3310 births in the Burgh, with 26 deaths amongst mothers, giving a Maternal death-rate of 7.85 per 1000.

BIRTHS DURING 1922-1923.

	1922.	1923.
One-roomed house,	139	161
Two-roomed house,	234	240
Three-roomed house,	119	89
Four rooms and over,	79	56
Institutions,	—	11
	571	557

During 1922, 373, or 65%, of the total births occurred in one and two-roomed houses.

During 1923, 401, or 72%, of the total births occurred in one and two-roomed houses.

In the section dealing with housing, mention was made of the occurrence of infectious diseases in two-apartment houses, which are usually overcrowded. The remarks apply equally to the conditions attendant upon confinements in a one or two-roomed house. They are better imagined than described. The question of establishing a Maternity Home in the Burgh is at present under consideration, and it is hoped that it will receive careful consideration. There can be no denying the fact that the outlay involved will be considerable, but one must constantly bear in mind the benefits that will be enjoyed by the large number of mothers, who, from necessity, must occupy a one or two-apartment house.

HEALTH VISITOR'S WORK.

It has been said that the best work is done in obscurity, and this, I think, might be applied to the work of the Health Visitor. The appended report will convey some idea of the amount of work achieved during the year.

CHILD WELFARE.

Visits to newly born,	487
Revisits,	1761
Visits to children under 5 years,	806
Visits to Ante-Natal Cases,	32
	3086

TUBERCULOSIS.

Visits to Pulmonary Cases,	168
Visits to Non-Pulmonary Cases,	70
	238
House to House Visiting, No. of Visits,	278
Houses Let in Lodgings, No. of Visits,	48

MIDWIVES' (SCOTLAND) ACT, 1915.

Twelve Midwives notified their intention to practise under Section 18 of the Act. Of the 556 births occurring in the Burgh, 252, or 45%, were attended by Midwives. Of the 7 cases of Ophthalmia Neonatorum notified during the year, 5 occurred in the practice of Midwives. Fortunately, no injury to sight resulted. No cases of Puerperal Sepsis occurred in the practice of Midwives. Medical aid was summoned under Section 22 of the Act in 15 cases.

A complete series of lectures on Midwifery was delivered by me during the year.

CONTROL OF TUBERCULOSIS.

PULMONARY TUBERCULOSIS.

Twenty-two new cases of Pulmonary Tuberculosis came under notice during the year —5 males and 17 females. Of those, 12 have died, in other words, the condition was too late in being recognised for treatment to be of any avail. As pointed out in last Annual Report, there is an urgent need for a Tuberculosis Dispensary in the Burgh. The provision of such an Institution has received the approval of the Local Authority, and negotiations are at present being conducted with a view to the purchase of a suitable building. A dispensary is not necessarily a treatment centre, its primary function being the observation and early diagnosis of suspected cases of Tuberculosis. It is only by securing cases early that the full benefit of Sanatorium treatment can be secured. Another important function of a Dispensary is the supervision of patients, who have received Sanatorium treatment, to ensure that they are maintaining the benefit derived therefrom, and practising the healthy way of living which they learned while in the Sanatorium.

NON-PULMONARY TUBERCULOSIS.

Forty-eight new cases were notified during the year, the large majority as usual being children. Cases requiring surgical treatment were admitted to the Royal Infirmary. There is still a great need for the after treatment of most of those patients.

SLAUGHTERHOUSE.

The appended table by the Slaughterhouse Superintendent will convey some idea of the work done during the year 1923 at this exceedingly well-managed establishment. I have had occasion to visit the Slaughterhouse frequently, and have always found it scrupulously clean and everything satisfactory. The importance of Mr. Thornton's work of meat inspection cannot be over-estimated. This was well illustrated in the case of a carcase which was sent in to be passed for human consumption. The Superintendent suspected that the animal had died from Anthrax, and called in the Veterinary Inspector and myself. I was able to confirm the diagnosis by bacteriological examination, and the carcase was destroyed forthwith. My findings were subsequently confirmed by the Ministry of Agriculture and Fisheries, London. When we recall that the blood of an animal dead from Anthrax is teeming with millions of germs, the potential danger of such meat being passed fit for consumption is better imagined than described.

RETURN FOR 1923.

	Cattle.	Calves.	Sheep.	Pigs.
Number of Animals Slaughtered, ...	2665	545	5475	526

	Oxen.	Cows.	Bulls.	Sheep.	Pigs.	Calves.
Number of Carcases seized wholly, ...	6	15	1	10	7	4
Number of Carcases seized wholly for Tuberculosis, ...	4	7	1	1	2	4
Number of Carcases seized wholly for other Diseases, ...	2	8	—	9	5	—
Number of Portions of Carcases seized	7	30	4	3	4	2
Number of Portions of Carcases seized for Tuberculosis, ...	6	26	4	—	—	—
Number of Portions of Carcases seized for other Diseases, ...	1	4	—	3	4	2
Total Weight of Meat Condemned (lbs.), ...	14,902	10,263	1820	585	1280	324